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GUY P. JONES EDITOR

NEWSPAPER TEACHES CHILD HYGIENE.

Under the editorship of Dr. Adelaide Brown of San Francisco, member of the California State Board of Health, the San Francisco Call is publishing a series of articles upon the subject of pre-natal care. Some of these articles will be reprinted in this publication in order that they may have a wider circulation among public health workers throughout the state. The first article of the series follows:

The Doctor's Part in Pre-natal Care.

The prospective mother learned in the first lesson that her general health was of prime importance and that the general physical examination would inaugurate her pre-natal care. This means to go to your physician early.

All variations from health should be brought to the doctor's notice. Nothing should be "expected," but each unusual occurrence reported. There are special matters to be observed to make a wholesome balance of diet, rest, recreation, and exercise, which will be outlined for you.

The observation of your blood presthe most delicate test of your bodily welfare under its new conditions. It indicates the possibility of trouble before chemical tests or abnormal symptoms of headache, dimness of vision, swollen feet, are observed by you.

Your weight will be recorded regularly also, an undue increase being incontrolled by diet and exercise.

framework will be made and the prog- life would be vastly greater than they

nosis for a successful termination made.

The visit every two weeks to your physician should be continuous and. chemical examinations are made regularly by him, as well as the blood pressure, weight, measurements and special health guidance given you.

This outline of the doctor's part in pre-natal care presents the minimum care of a normal case and such care should be given every prospective mother (whether it is a first or later baby that is expected). It is not our purpose to discuss abnormal conditions but to emphasize the health protection of pre-natal care to the mother of the child.

California a Paradise for Babies.

California has almost the lowest infant mortality rate of any state in the Union. The other Pacific Coast states of Washington and Oregon are the only states having lower infant mortality rates than California. California cities, together with the cities of the other Pacific Coast states, have sure every two weeks, and its record, is absolutely the lowest infant mortality rates for all cities of the United States.

If it were possible to transport to the Pacific Coast, during their first year of life, all babies and their mothers residing in other states, the lives of hundreds of thousands of American children might be saved. compatible with good health, and easily If all children born in the United States could first see life in California, Accurate measurements of the bony their chances of growing into adult

would be by selecting any other section of the country within which to be born.

For three consecutive years San Francisco has had the lowest infant mortality rate for any city of its size. Oakland, during the same period of time, has had the lowest infant mortality rate of any city among all cities having populations of 100,000 to 250,000. Long Beach, Berkeley, and San Diego have had the lowest infant mortality rates during these three years of all cities having populations of 50,000 to 100,000. Pasadena, during these three years, has had the lowest rate among the cities having populations of 25,000 to 50,000; and among cities having populations of 10,000 to 25,000, Santa Cruz and Richmond have had the lowest rates.

Not Climate Alone.

There are a number of factors that have brought about these remarkable results. Of first importance is the absence of the severe intestinal diseases of infancy which exact such high tolls during the summer months in eastern states and cities which do not possess the advantages of our climate. The absence of extremes in temperature and humidity constitute a large factor in the making of these Our rates. improved social conditions; the absence of overcrowding; the ready availability of pure milk supply; the comparative scarcity of the first generation of the foreign-born, and the higher education of our people which results from this fact—our social conscience—each and all, are prime factors in the remarkable saving of infant lives in California.

Our highest infant mortality rates are found among the foreign-born. Mexicans, and other foreigners, whose children are born in ignorance, and who consequently are not given the proper care, contribute largely to making high infant mortality rates in a number of California communities. In rural districts, where proper care is often impossible under present conditions, infant mortality rates are likewise high. In reducing infant mothers, for the sake of generations unborn, you hear howls from a grand assortment of fools.—Arthur Brisbane. machinery for maternal and child welfare is provided, reduce number welfare is provided, reduce number of deaths much more than do those communities where no such service is provided. The newly launched activities in maternal and child welfare, however, should contribute greatly to

improving conditions in rural communities. Local conditions are not likely to improve of their own accord. Therefore, the State Board of Health is encouraging the strengthening of rural health departments in order that every infant life possible may be saved to the community. To this end, the State Board of Health, through its Bureau of Child Hygiene, is providing expert assistance in the form of demonstrations in prenatal care, in nutrition and feeding, and all of the many attributes that have to do with child welfare.

California Has Advantages.

New Zealand has the lowest infant mortality rate of all countries in the world, and the New Zealand rate is achieved in spite of many handicaps which are not found in California. Our advantages in climate and in improved social conditions make it possible for us to make this state a veritable paradise for babies. The results depend altogether upon how effectively we take advantage of natural conditions, and how effectively we organize and maintain our local institutions for the promotion of maternal and child welfare. Wherever, in California, infant mortality rates are low, it is the result of applied energy upon the part of local health organizations, hospitals, and improved medical service. By extending this service to all sections of the state, it is possible for California to have the lowest infant mortality rate of any state, and it is also possible for California to have a rate even lower than that of New Zealand.

"If you want a good brain educate your great-great-grandfather." That's an old saying. The modern saying is if you want the children of the nation to have good teeth, see that the mothers are properly fed.

An army travels on its stomach, according to Napoleon. An individual travels on his teeth. Without them no good health. With-

out good health, no accomplishment.
Without well and intelligently fed mothers no good teeth for the children. That ought to interest the Government as much as the proper ration for a lady swine in the gestation period.

But it doesn't. And if you suggest that Government in this generation should protect

Barnum was right! and through the gullibility of that portion of our population who

erstwhile intelligent people while in the throes of some disease, in a despairing moment will give heed to the suave and cajoling persuasion of the smooth mountebank. Only by the sheerest of luck, and in ninety-nine cases out of a hundred the patient, if any recovery is made, becomes well in spite of and not because of the so-called "cure." It is not the quack with the glib tongue or the advertise-Consult your family physician when you need ment writer with the facile pen, but the local family physician who should be consulted. medical attention, have faith in his ability and follow his advice and instructions. Take no chances!

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A healthy body is as important, in the general economy, as a healthy mind. The one who is developed symmetrically in body, mind and soul, is truly well educated.

Diet Suggestions for Prospective Mothers.

In California a perfect diet is limited neither by purse nor by market. The general health is best sustained by a balanced diet.

The three great divisions of foodstuffs are:

First—Carbohydrates and fats.

Second—Bulk and vitamin-bearing foods.

Third—The proteids.

If you will take a piece of paper and write down your family diet under these three heads for three days you will have an idea whether you balance the food for your family well. In general, during the pre-natal period, the proteids should be eaten once a day in the seventh month and in any diet should not appear more than twice a day. These include eggs, meat, fish and fowl.

Then carbohydrates, which bread, rice, macaroni, potatoes, sugar, candy and syrups represent should be present in every meal; but if the bodily weight increases over one pound per week during the last twelve weeks carbohydrates should be more sparingly eaten. Fats, salad oil, butter or meat fats are to be taken in each meal, the amount reduced if the gain in weight is too rapid.

The vitamin-bearing foods and at the same time bulk foods, furnishing the "roughage" necessary to good elimination, are green vegetables and fruits. Ideally, they should be a part of every meal. In San Francisco, their price is not prohibitive, and as dried fruits and canned tomatoes are equally valuable and always obtainable, they can be a part of the daily diet. Spinach, celery, artichokes, cauliflower, asparagus, tomatoes, lettuce, cabbage, peas and beans are the green vegetables.

In milk we have the one food which falls in each column—4 per cent fat, 5 vitamines. It furnishes the ideal food, rate will result.

and in milk soup, milk on cereal, milk in cocoa, or milk to drink, it should be a part of the diet of each future mother.

You will find "Feeding the Family," by Mary Schwartz Rose, very good reading, and children will be better nourished and fathers live longer when less meat and more vegetables and meat substitutes are eaten in American families. You have time to study up now and try new recipes and new menus, representing always a balanced ration of the three types of food and all that you learn for yourself will be valuable for your family.

Water is an indispensable adjunct to food and more women drink too little than too much. Three pints of water a day and a pint of milk will give you proper fluid. Tea or coffee may be taken once a day if you must have a warm drink for breakfast. They never should be taken more often and never strong.

A diet rich in fruit, vegetables and coarse breads, made of the darker flours, and cereals, will regulate elimination and make for good health for mother and child.—San Francisco Call.

Controlling Typhoid in Imperial.

The Imperial valley has been placarded by the California State Board of Health with posters printed in English and Spanish, which read as follows:

WARNING.

Commit No Nuisance.

Dump no garbage, manure or dead animals into any dry or running canal. Never drink canal water unless clarified by

stone filters or boiled or otherwise disinfected. Settled canal water is not safe.

California State Board of Health.

Typhoid fever has been unduly prevalent in Imperial County for many years, and it is believed that if the warning given in this poster is heeded considerable progress in the control of the disease will result. Water is a scarce commodity in the valley, and ditch water, untreated, is used too often as a source of domestic supply. To be sure, there are many other factors that enter into the typhoid problem in the valley, but it is believed that if progress can be made in the prevention of the polluper cent sugar and 3 per cent proteid, tion of water supplies throughout the and carries both fat and water soluble valley a considerably lower typhoid

Federal Official on Tour.

Mr. W. S. Frisbee of the Department of Chemistry, Bureau of Agriculture, is visiting all of the states maintaining food and drug departments in order to stimulate cooperation in food and drug control between federal and state agencies. While in California he discussed with the State Board of Health a number of food and drug problems that are peculiar to California and in which the Department of Agriculture is deeply interested.

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A REAL BENEFACTOR.

The man who, with the adroit slap, destroys a mosquito on the back of his hand, does more good for posterity than the man who kills a four-prong buck back in the hills.—Colusa Sun.

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IT IS IN THE POWER OF MAN TO MAKE ALL INFECTIOUS DISEASES TO DISAPPEAR FROM THE WORLD—PASTEUR.

£3 £3

Section 16. Public Health Act. All physicians, nurses, clergymen, attendants, owners, proprietors, managers, employees, and persons living in or visiting any sick person in any hotel, lodging house, house, building, office, structure, or other place where any person shall be ill of any infectious, contagious, or communicable disease, shall promptly report such fact to the county, city and county, city, or other local health board or health officer, together with the name of the person, if known, and place where such person is confined, and nature of the disease, if known.

MORBIDITY.*

Smallpox.

Ten cases of smallpox were reported, the distribution being as follows: Calaveras County 1, Newport Beach 1, Oakland 5, San Francisco 2, San Jose 1.

Typhoid Fever.

Fourteen cases of typhoid fever have been reported, Los Angeles reporting 4 cases and San Francisco 2. The following localities each reported one case: Lindsay, Los Angeles County, Monterey County, Placerville, Sacramento, San Jose, Santa Barbara, and Tuolumne County.

Dengue.

Torrance, Los Angeles County, reported one case of dengue.

Cerebrospinal Meningitis.

Two cases of cerebrospinal meningitis have been reported, one from Orange County and one from Palo Alto.

Poliomyelitis.

Two cases of poliomyelitis have been reported, one from Fresno County and one from Los Angeles.

Epidemic Encephalitis.

Los Angeles reported one case of epidemic encephalitis.

COMMUNICABLE DISEASE REPORT.

Disease	1922				1921			
	Week ending			Reports for week ending	Week ending			Reports for week ending
	Oct. 14	Oct. 21	Oct. 28	Nov. 4 received by Nov. 8	Oct. 15	Oct. 22	Oct. 29	Nov. 5 received by Nov. 9
Anthrax	0	0	0	0	1	0	1	0
Cerebrospinal Meningitis	4	2	1	2	1	2	3	3
Chickenpox	38	52	50	65	40	45	41	69
Dengue	0	1	0	1	0	0	0	0
Diphtheria	171	220	227	240	230	265	337	395
Dysentery (Bacillary)	2	0	3	3	24	15	4	1
Epidemic Encephalitis	2	0	3	1	2	5	8	3
Gonorrhoea	115	136	125	222	69	87	97	95
Influenza	22	18	16	31	25	15	14	10
Leprosy	0	0	0	0	1	0	0	0
Malaria	7	7	3	8	6	9	2	
Measles	13	22	17	10	11	20	23	14
Mumps	40	30	24	27	51	55	76	66
Pneumonia	51	59	56	81	61	54	34	56
Poliomyelitis	2	1	0	2	6	19	26	12
Scarlet Fever	96	129	155	157	76	117	107	160 56
Smallpox	6	5	8	10	34	64	79	89
Syphilis	104	117	92	206	88	83	63	145
Tuberculcsis	158	136	144	133	199	128	104	145
Typhoid Feyer	20	29	33	14	26	24	31	43
Whooping Cough	81	50	36	37	32	48	57	43

^{*}From reports received to date for last week.